

2027 EMPLOYEE BENEFITS OPEN ENROLLMENT

Explore and select the benefits that are right for you and your family.

November 1-15, 2026

PEOPLE OPERATIONS
Total Rewards

AEROSPACE

This 2027 Benefits Guide is not an employment contract or an offer to enter into an employment contract, nor does it constitute an agreement by the corporation to continue to maintain the plans described or referred to in this document.

Although the corporation intends to continue these plans, the corporation reserves the right to amend, change, modify or terminate the plans at any time. The corporation's decisions to amend, change, modify or terminate these plans may be due to changes in federal or state laws governing welfare benefits, the requirements of the Internal Revenue Code, the requirements of the Employee Retirement Income Security Act of 1974 (ERISA), the provisions of a contract or policy involving an insurance company or any other reason.

Plan participants and beneficiaries do not have a vested right to any plan benefits. If the plans are amended, changed, modified or terminated, plan participants and beneficiaries will not be vested in any plan benefits or have any further rights other than payment of covered expenses to which they were entitled before the plans were amended, changed, modified or terminated.

Any examples in this Benefits Guide are included for illustrative purposes only. They are not intended as recommendation of action you should take or benefits you should elect.

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Have Benefits Questions?

Call the Aerospace Benefits Service Center
310.336.7000 (option 3) or 844.361.2400
7 a.m. – 4 p.m. PT, Monday through Friday

Changes to Coverage Must Be Made During Open Enrollment (November 1-15, 2026*)

Changes to coverage or enrollment in an HSA or FSA must be made online through the Aerospace Benefits Service Center portal by the end of the Open Enrollment period.

To access the Aerospace Benefits Service Center portal:

- Visit **info.aero.org**
- Go to Employee Self Service (ESS) in the General Tools panel
- Click on **Benefits Services**
- Review and update your benefit elections

Changes made by the deadline will take effect on January 1, 2027. Read more on page 5.

** Open Enrollment closes November 15, 2026, at 9:59 p.m. PT (12:59 a.m. ET on November 16).*



2027 Open Enrollment

Your benefit choices are not changing for 2027 — Aerospace will continue to offer the same comprehensive coverage options you have today. There are just a few changes to medical contributions, deductibles and Health Savings Account (HSA) contributions you should consider when making benefit elections.

Read about these changes, consider your needs and enroll in the coverage that is right for you and your family.

ENROLL IN YOUR 2027 BENEFITS NOVEMBER 1-15, 2026

What You Need to Do

During Open Enrollment, you may change your current benefit plan elections, including covered dependents, for medical, dental, vision, life, disability and voluntary personal accident plan coverage. You may also elect to make contributions to a Flexible Spending Account (FSA) or establish an HSA for 2027. Remember, even if you choose to retain last year's medical coverage elections, you must actively re-enroll in an FSA and HSA every year during the Open Enrollment period.



PREPARE

1. **Review Your Choices:** Review the options and costs outlined in this brochure. Summary of Benefits and Coverage for each medical plan and legally required notices are available on the Aerospace Benefits Service Center portal under "Plan Documents," found within "Frequently Used Resources" on the Info tab in the bottom right-hand corner.
2. **Confirm Dependents:** Confirm your dependents meet eligibility requirements for the plans you select (see page 9).
3. **Decide on Your Benefits:** Determine your benefit choices for 2027. If you do not actively select benefits for 2027, your 2026 elections will automatically continue and you will be responsible for any new cost-sharing premiums. However, if you do not enroll and you currently contribute to an FSA or HSA, your contributions will end on December 31, 2026.
4. **Consider an FSA:** Decide if you want to enroll in a Healthcare or Dependent Care FSA for 2027. You must actively enroll in an FSA every year. Your 2026 FSA contribution elections will not roll over to 2027.
5. **Check Your Contributions:** Use the spending account calculator on the Aerospace Benefits Service Center portal for help deciding how much to contribute.
6. **Ask for Help:** If you have questions, contact the Aerospace Benefits Service Center at 310.336.7000 (option 3) or 844.361.2400 (toll-free).

Enroll Online

If you want to make changes to your benefits coverage or enroll in an FSA, access the Aerospace Benefits Service Center portal.

Keep reading to see instructions on how to register and enroll.

AEROSPACE BENEFITS SERVICE CENTER PORTAL

REGISTER (FIRST-TIME USERS)

If you have never visited the Aerospace Benefits Service Center portal, you will need to register:

1. Go to the Aerospace Benefits Service Center portal:
   a. Visit **info.aero.org**.
   b. Go to Employee Self Service (ESS) in the General Tools panel.
   c. Click **Benefits Services**.
2. At the login screen, click **Register**.
3. The first time you access the site, you will need to enter your personal information:
   a. First and last name (as on record with Aerospace).
   b. Date of birth.
   c. Five-digit Aerospace badge number (include leading 0s).
   d. Click **Next**.
4. Create a user ID and password:
   a. Your user ID can be your work or personal email address.
   b. Your password must contain at least 8 characters, including 1 letter, 1 number and 1 symbol (e.g., *, &, +, #, $). It should not be associated with any Aerospace password.
5. Set up a security question and answer to use in case you forget your password.
6. Read the terms of service agreement and click **I Agree**.

ENROLL (ALL USERS)

If you have visited the Aerospace Benefits Service Center portal previously:

1. Go to the Aerospace Benefits Service Center portal:
   a. Visit **info.aero.org**.
   b. Go to Employee Self Service (ESS) in the General Tools panel.
   c. Click **Benefits Services**.
   d. Starting on November 1, you will see a pending event screen for Open Enrollment.
2. When you are done making changes, click **I'm Ready to Finalize My Elections**.
3. Review your final elections.
4. Click **Submit My Elections**.
5. To confirm your enrollment, click **Submit** (This is important! Your elections will not be recorded until you click **Submit**).
6. You will see a final confirmation summary and receive a confirmation number for reference. Click **Print** to receive a copy for your records. (You can always print a copy later by revisiting the site and going to Benefits History.)

Please note: If you change medical plans, you will receive a new medical plan card in January 2027.

You must complete this process by November 15,* the end of the Open Enrollment period. Changes take effect on January 1, 2027.

**Open Enrollment closes November 15, 2026, at 9:59 p.m. PT (12:59 a.m. ET on November 16).*

What's Changing for 2027

ANTHEM PREMIUM CDHP DEDUCTIBLES AND OOPM UPDATES

To comply with updated IRS regulations, the individual and family deductibles and out-of-pocket maximums (OOPM) for the Anthem Premium Consumer-Driven Health Plan (CDHP) will increase in 2027:

- Individual deductible increases from $1,700 to $1,750
- Family deductible increases from $3,400 to $3,500
- Individual OOPM increases from $3,400 to $3,500
- Family OOPM increases from $6,800 to $7,000

ANTHEM PPO DEDUCTIBLES AND OOPM UPDATES

To comply with updated IRS regulations, the individual and family deductibles and OOPMs for the Anthem Preferred Provider Organization (PPO) will increase in 2027:

- Individual deductible increases from $500 to $1,000
- Family deductible increases from $1,500 to $2,000
- Individual OOPM increases from $3,000 to $3,400
- Family OOPM increases from $6,000 to $6,800

NEW HMO AND EPO DEDUCTIBLES

Beginning in 2027, Health Maintenance Organization (HMO) and Exclusive Provider Organization (EPO) plan participants will have an annual deductible of $125 for individual coverage and $250 for family coverage before the plan starts sharing the cost of covered services. This change helps balance premium costs while continuing to provide comprehensive medical coverage.

MEDICAL AND DENTAL PLAN CONTRIBUTION CHANGES

For 2027, medical and dental plan contributions will increase, with the amount of the increase varying by plan. Generally, plans with more comprehensive coverage and lower out-of-pocket costs will have larger contribution increases.

YOUR FSA CONTRIBUTION LIMITS

The annual FSA contribution limit is expected to increase in 2027, in accordance with IRS guidelines, allowing you to set aside more pretax dollars for eligible dental and vision expenses.

YOUR HSA CONTRIBUTION LIMITS

If you are eligible for HSA contributions, you can deposit even more money in 2027 thanks to an inflation adjustment from the IRS. You can contribute up to $4,500 in 2027 with individual coverage, up from $4,400 in 2026. For family coverage, you can contribute up to $9,000, up from $8,750 in 2026.

Aerospace will continue to contribute to HSAs for employees enrolled in the Anthem Premium CDHP. Starting in 2027, the HSA company contribution has been adjusted:

- Individual coverage: $600 (previously $750)
- Family coverage: $1,200 (previously $1,500)



EXPANDED FAMILY PLANNING AND MENOPAUSE BENEFITS

In 2027, Anthem medical plan participants will have access to enhanced family planning benefits through Progyny, including coverage for up to two in vitro fertilization (IVF) cycles and a $25,000 adoption or surrogacy benefit.

In addition, menopause support resources are available to provide personalized guidance, education and care throughout every stage of your health journey. If you have questions, call Progyny at 844.868.6942.

NEW VOLUNTARY IDENTITY PROTECTION

Help protect you and your family from identity theft, scams and cyber threats with the new Allstate Identity Protection Pro+ Cyber benefit. This employee-paid program provides comprehensive identity, credit, financial and cybersecurity protection, along with expert support if your information is compromised. Enroll during Open Enrollment to take advantage of this added layer of protection.

HIGHLIGHTS: ANTHEM SPECIAL CARE PROGRAMS

Here is a quick look at several programs to help members with specific needs better manage their physical and emotional wellbeing:

Care Navigators: A behavioral health concierge that connects plan members with the care they require in real time.

Learn to Live: This virtual care program replaces myStrength and provides comprehensive, whole-health support, giving Anthem participants access to emotional wellbeing resources.

Hinge Health: A program that provides coaching, digital physical therapy and other services to help patients with musculoskeletal (MSK) injuries, with a goal to help reduce unnecessary surgery and manage chronic pain.

AIM: An MSK program for individuals who will be undergoing spinal or joint surgery, or who experience chronic pain.

Catapult Health: A national preventive healthcare practice that brings preventive checkups (diagnostic bloodwork, blood pressure and body mass index) to you through virtual appointments.

Diabetes Prevention Program (DPP): An outreach program, provided through Lark Health, that identifies individuals who are most at risk of developing diabetes and offers coaching, app-based health content and personal insights to help prevent diabetes.



Benefits at a Glance

Benefit	Coverage Option
Medical Includes prescription drug and Employee Assistance Program (EAP) coverage	**California** ▪ Anthem PPO ▪ Anthem CDHP (Basic and Premium options) ▪ Anthem California HMO ▪ Kaiser Permanente HMO ▪ Selman & Company/ASI TRICARE Supplement **Washington, D.C. Area and Colorado** ▪ Anthem PPO ▪ Anthem CDHP (Basic and Premium options) ▪ Anthem EPO ▪ Kaiser Permanente HMO ▪ Selman & Company/ASI TRICARE Supplement **All Other States** ▪ Anthem PPO ▪ Anthem CDHP (Basic and Premium options) ▪ Anthem EPO ▪ Selman & Company/ASI TRICARE Supplement
Dental	▪ Delta Dental Plan DPPO (Basic and Premium options) ▪ Delta Dental DHMO
Vision	▪ Vision Service Plan (Basic and Premium options)
Flexible Spending Accounts (FSA)	▪ Healthcare FSA ▪ Dependent Care FSA ▪ Limited Purpose FSA (for members of CDHP with HSA only)
Health Savings Account (HSA)	▪ Anthem CDHP members only
Life Insurance	▪ Basic employee life insurance coverage of one times annual salary, maximum $200,000 ▪ Optional life insurance coverage for employee, spouse/legally registered domestic partner and child(ren)
Accident Coverage	▪ Occupational Accident Insurance ▪ Voluntary Personal Accident Insurance
Disability Coverage	▪ Short-term Disability Insurance ▪ Long-term Disability Insurance (Group and Supplemental)



What is Health Advocate and how can it help me?

Health Advocate is a free service paid for by Aerospace that provides access to experts who can help you navigate the confusing world of healthcare services, providers, diagnoses, claims and more. This dedicated team of healthcare professionals does the legwork so you get the right care and support you need. Some examples:

- Explanations of health conditions, diagnoses and treatment options using everyday language you can understand to make more informed care choices.
- Help coordinating medical care, such as pre-authorizations, benefit plans, in-hospital support and finding care after discharge.
- Identifying and connecting you with leading specialists and centers of excellence, as well as arranging for second opinions and medical record transfers.
- Help finding doctors, making appointments, reviewing medical bills and resolving claims and billing issues.



Worried about your diagnosis or treatment plan?

Get a second opinion – **confidential, expert-reviewed and free.**

A second opinion can uncover new treatment options or even a different diagnosis. With Health Advocate, you will receive a detailed report from a specialist to share with your care team, giving you and your loved ones peace of mind.

They handle everything. You pay nothing.

Available to employees, spouses, dependents, parents and parents-in-law.

Get the App

Download and use the Health Advocate mobile app to engage with experts, participate in and track healthy activities, check a case status, get a second opinion and more!

Eligibility

Employees

Regular Aerospace employees and their eligible dependents may participate in any of the benefit plans in this guide. Temporary employees and their eligible dependents may participate in the medical and voluntary personal accident plans, but are not eligible to participate in the dental, vision, life and disability plans, or the FSAs.

Eligible Dependents

Eligible dependents include:

- Current legal spouse or registered domestic partner
- Eligible children under age 26
  - Your eligible children include your stepchildren, legally adopted children and children for whom you have been appointed legal guardianship.
  - Unmarried dependent children age 26 or older if they are physically or mentally disabled and depend on you for financial support (provided proof of disability has been approved); coverage must be in place before child reaches age 26.
  - Children under age 30 for employees in Florida (applies to EPO plan only).

All “change in status” events must be reported to the Aerospace Benefits Service Center within 31 days of a qualifying event. You can make this change online by logging in to the portal or by calling the Aerospace Benefits Service Center. Please see “Changes to Enrollment or Coverage” to the right.

Proof of Dependent Eligibility

You will need to provide proof of eligibility when you first enroll a dependent in an Aerospace benefits plan.

If you have questions about dependent eligibility or required documentation, call the Aerospace Benefits Service Center.



Changes to Enrollment or Coverage

If you are a new hire, you can enroll in or make changes to your coverage within your initial 31-day enrollment period. Otherwise, the only time you can make changes is during the annual Open Enrollment period or following a special enrollment or change in status event.

Change in status events include:

- Changes to the number of your eligible dependents
- Loss of other coverage
- Changes to employment status
- Changes to place of residency or worksite

Generally, changes made outside of Open Enrollment must be consistent with any change in status. Certain time limits also apply. For more details, see the Summary Plan Description or other plan documents of the applicable benefit located on the Aerospace Benefits Service Center portal by clicking on “Plan Documents” under “Frequently Used Resources" on the Info tab in the bottom right-hand corner.

Medical

Medical Plan Options

You may choose from various medical plan options depending on your location. The plans offer comprehensive medical coverage, including preventive care and prescription drug coverage. See page 29 for 2027 medical plan contribution rates.

The Anthem PPO (Preferred Provider Organization) is available in all states. As a member of a PPO, you can use any licensed provider, but your costs will be lower when you use a BlueCard® PPO network provider.

Two Anthem CDHPs (Consumer-Driven Health Plans) are available in all states. Once you meet the deductible, these plans will cover a higher percentage for providers in the BlueCard® PPO network. For details about the CDHP with HSA, see page 11.

The Anthem EPO (Exclusive Provider Organization) is available in all states except California. You can only use the doctors and hospitals within the EPO network, which is the BlueCard® PPO network.

HMOs (Health Maintenance Organizations) are offered in California, Colorado and the Washington, D.C. area. As a member of an HMO, you can only use the HMO's doctors and hospitals.

Selman & Company/ASI TRICARE Supplement is available to employees, their spouses and their eligible dependents up to age 26 who are eligible for TRICARE. You pay 100 percent of the premium for this coverage. Enrollment in this plan will be available online like any other medical plan option.

Claims

PPO Plan and CDHP

When you use a BlueCard® network provider, claims will be submitted by the provider. If you use an out-of-network provider, contact Anthem at 800.756.7274 for claims submission information.

EPO and HMO Plans

You do not have to submit claims with the EPO or HMO plans.



ANTHEM CONSUMER DRIVEN HEALTH PLANS WITH HSA

The Anthem Consumer Driven Health Plans (CDHP) are high-deductible health plans with lower weekly premiums than most other Anthem plans. If you enroll in one of these plans, you may also be eligible for its savings component, the HSA, which allows you to put money away before taxes to pay for medical expenses.

A CDHP is structured similarly to a traditional PPO plan. Preventive care is covered at 100 percent even if you have not met your deductible. With a CDHP, members pay their full medical and prescription costs — and those of their dependents — either out-of-pocket or with funds from their HSA until the deductible is met.

If you enroll in a CDHP, you will pay full price for office visits, labs, prescriptions and medical procedures that are not considered preventive until the deductible has been reached. In other words, the annual deductible must be met before plan benefits pay for services other than in-network preventive care services.

Once you have met your deductible, the plan pays a portion of the cost called coinsurance. CDHP plans pay a higher percentage of the cost of eligible expenses when you use in-network providers. Once you reach the out-of-pocket maximum, the plan will pay 100 percent of eligible expenses for the remainder of the calendar year.

Anthem CDHP Deductible and Out-of-Pocket Maximum

Under the Anthem Premium CDHP, the family deductible is met when covered expenses for one, or a combination of family members, reaches $3,500. The family out-of-pocket maximum is met when covered out-of-pocket expenses for one, or a combination of family members reaches $7,000.

Under the Anthem Basic CDHP, the individual deductible or out-of-pocket maximum applies per member until the overall family deductible or out-of-pocket maximum has been met.

What is an HSA?

A Health Savings Account, or HSA, is a pre-tax savings account established to cover your healthcare expenses. Once you enroll in a CDHP, Anthem will establish an IRS-qualified HSA with UMB Financial. Some states, such as California and New Jersey, consider all HSA contributions to be taxable.

Who Can Open an HSA?

Criteria needed to open an HSA:

- Must be covered by an HSA-compatible health plan, such as the CDHP.
- Cannot be covered by another medical plan that is not an HSA-compatible health plan. This includes being enrolled in your spouse's plan as a secondary benefit and/or in a Healthcare FSA. (See the "HSA and Healthcare FSA" section on page 13 for more details.)
- Must be enrolled in the plan on the first day of the month, otherwise your eligibility to make contributions to your HSA begins the first day of the following month. You may make the maximum annual HSA contribution for the year regardless of the month you become eligible. You must remain enrolled in the HSA-compatible health plan for 12 months of the following tax year.
- Cannot be enrolled in Medicare.
- Cannot be on active military status.
- If you are a veteran, you cannot have received veterans' benefits within the last three months.
- Cannot be eligible to be claimed as a dependent on another person's tax return.

If you do not meet the above criteria, you cannot enroll in the CDHP with HSA.

WHY OPEN AN HSA?

1. **Triple Tax Advantage***
   - The money you contribute into your HSA is pre-tax.
   - The interest you earn on your contribution will grow pre-tax.
   - When you use your HSA money for eligible expenses, it will not be taxed.
2. **Aerospace will contribute to your HSA when you enroll in the Anthem Premium CDHP.** The Anthem Basic CDHP is not eligible for company contributions. These funds will help you pay your deductible.
   - $600 for Individual
   - $1,200 for Family (employee plus at least one dependent)

This amount is prorated depending on when you join the Anthem Premium CDHP plan. For example, if you are hired on June 10 and enroll in the Anthem Premium CDHP, you will be eligible to open an HSA account on July 1, which is six months' worth of coverage. You will receive a contribution of $300 (6/12 of $600) for individual coverage.

Your contribution:

The 2027 IRS maximums are $4,500 for an individual or $9,000 for employee plus dependent(s).

- You can contribute the difference between the maximum and the Aerospace contribution.
- If you are 55 or older, you can contribute an additional $1,000 in catch-up contributions.

You can change your HSA deduction anytime throughout the year. You can also roll over HSA funds from your previous employer to your Aerospace HSA.

** The federal government and most state governments will not tax your HSA contribution. However, California and New Jersey consider all HSA contributions to be taxable.*

USING YOUR HSA

You can use your HSA funds to pay for eligible medical, dental and vision expenses at any time. Since Aerospace is contributing at the beginning of the year, you may begin using these funds immediately. You can also:

- Use an Anthem-provided debit card to pay for care provided there are sufficient funds in your account.
- Use HSA funds for any type of expense; however, you will pay taxes on amounts used to pay for ineligible expenses.
- Invest your HSA money in mutual funds offered through UMB Financial once you reach a balance of $1,000.

You keep your HSA funds even if you leave the company or are no longer enrolled in a CDHP. You can also retain HSA funds to use for future medical care needs later in life. The funds in your account roll over automatically each year and remain in your account until used. There is no time limit on using the funds.

More information about an HSA can be found on **IRS Publication 969** or under **Health Savings Account (HSA) Information**.



HSA AND HEALTHCARE FSA

IRS regulations are very strict about qualifying requirements for HSA eligibility. One requirement is that no individual eligible for an HSA can be covered by any benefit that provides first-dollar coverage for medical expenses (e.g., copays, prescriptions or other medical expenses). Accordingly, IRS regulations mandate that an employee covered under a Healthcare FSA does not qualify as an eligible individual for purposes of HSA coverage. Any individual participating in both an HSA plan and Healthcare FSA plan would jeopardize their tax-favored status in both plans. This also applies to your spouse's plan. If your spouse has a Healthcare FSA, this makes you ineligible for an HSA.

Aerospace has a grace period for the Healthcare FSA of two-and-a-half months after the plan year ends. This means employees may spend their 2026 FSA funds until March 15, 2027.

Important

An employee with a balance in a Healthcare FSA as of December 31, 2026, will be ineligible for HSA contributions (including employer contributions) until April 1, 2027. We highly recommend using all your 2026 funds by December 14, 2026, to avoid any delays in the processing of your HSA.

LIMITED PURPOSE FSA

In addition to your HSA, the Limited Purpose FSA (LPFSA) is available to those enrolled in a CDHP. The LPFSA funds are used to cover eligible dental and vision expenses. You can contribute up to $3,400* pre-tax dollars in 2027. Simply put, HSA funds can be used to reimburse you for eligible medical, dental and vision expenses. LPFSA funds can be used as a supplement to reimburse you for your eligible dental and vision expenses only.

LPFSA works the same as a traditional FSA with the same contribution limit and grace period (see page 21). The HSA and LPFSA are administered by Anthem, whereas our Healthcare and Dependent Care FSAs are administered by HSA Bank.

Your LPFSA contributions are deducted from your paycheck in equal amounts during the year. Because contributions made before taxes are withheld, they are not subject to Social Security tax, federal income tax and, in most cases, state and local income taxes. To enjoy the tax-saving benefits of an FSA, you must re-enroll each year. Your LPFSA elections do not carry forward from one year to the next. Also, you forfeit any balance remaining in your account after the deadline.

**2027 limits were not available at time of publication.*



Medical Plans at a Glance

Plan Feature	All Locations					
	Anthem PPO		Anthem Basic CDHP		Anthem Premium CDHP	
Providers	BlueCard® Network	Out-of-Network	BlueCard® Network	Out-of-Network	BlueCard® Network	Out-of-Network
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Annual Deductible ▪ Individual ▪ Family	 $1,000[1] $2,000[1]	 $1,500[1] $3,000[1]	 $3,000[1] $6,000[1]	 $6,000[1] $12,000[1]	 $1,750[1] $3,500[1]	 $3,500[1] $7,000[1]
Medical Out-of-Pocket Maximum ▪ Individual ▪ Family	(Includes deductible) $3,400 $6,800	(Includes deductible) $10,200 $20,400	(Includes deductible) $5,000 $10,000	(Includes deductible) $10,000 $20,000	(Includes deductible) $3,500 $7,000	(Includes deductible) $9,000 $18,000
HSA Employer Contribution ▪ Individual ▪ Family	None None		None None		$600 $1,200	
Office Visit ▪ Primary Care Physician ▪ Specialist	 $25[3] copay $40 copay	 Plan pays 50%[2] Plan pays 50%[2]	 Plan pays 70% Plan pays 70%	 Plan pays 50%[2] Plan pays 50%[2]	 Plan pays 80% Plan pays 80%	 Plan pays 50%[2] Plan pays 50%[2]
Hospitalization	Plan pays 80%	Plan pays 50%[2]	Plan pays 70%	Plan pays 50%[2]	Plan pays 80%	Plan pays 50%[2]
	Precertification required; see page 17		Precertification required; see page 17		Precertification required; see page 17	
Diagnostic X-Ray and Lab	Plan pays 80%	Plan pays 50%[2]	Plan pays 70%	Plan pays 50%[2]	Plan pays 80%	Plan pays 50%[2]
Outpatient	Plan pays 80%	Plan pays 50%[2]	Plan pays 70%	Plan pays 50%[2]	Plan pays 80%	Plan pays 50%[2]
Preventive Care	Plan pays 100%	Plan pays 50%[2]	Plan pays 100%	Plan pays 50%[2]	Plan pays 100%	Plan pays 50%[2]
Emergency Room	$250 after deductible		Plan pays 70%		Plan pays 80%	
Urgent Care	$50 copay	Plan pays 50%[2]	Plan pays 70%	Plan pays 50%[2]	Plan pays 80%	Plan pays 50%[2]

This comparison chart provides summary information on three of the medical plan options. For additional information on all plans, view each plan's Summary of Benefits and Coverage on the Aerospace Benefits Service Center portal by clicking on "Plan Documents" under "Frequently Used Resources."

[1] *Out-of-network deductible amounts are applied to in-network deductible, but not vice versa.*
[2] *Percentage applied to the usual and customary charge as determined by Anthem.*
[3] *Include additional $10 copay for non-Diamond providers.*

Medical Plans at a Glance (continued)

Plan Feature	Outside California	California Only		Washington, D.C. Area / Colorado
	Anthem EPO	Kaiser Permanente California HMO	Anthem California HMO	Kaiser Permanente HMO
Providers	EPO Providers	HMO Providers	HMO Providers	HMO Providers
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Annual Deductible ▪ Individual ▪ Family	 $125 $250	 $125 $250	 $125 $250	 $125 $250
Medical Out-of-Pocket Maximum ▪ Individual ▪ Family	 $3,000 $6,000	 $3,000 $6,000	 $3,000 $6,000	 $3,000 $6,000
HSA Employer Contribution ▪ Individual ▪ Family	 None None	 None None	 None None	 None None
Office Visit ▪ Primary Care Physician ▪ Specialist	 $20[1] copay $35 copay	 $20 copay $35 copay	 $20 copay $35 copay	 $20 copay $35 copay
Hospitalization	Plan pays 90%	Plan pays 90%	Plan pays 90%	Plan pays 90%
Diagnostic X-Ray and Lab	Plan pays 90%	Plan pays 90%	Plan pays 90%	Plan pays 90%
Outpatient	Plan pays 90%	Plan pays 90%	Plan pays 90%	Plan pays 90%
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Emergency Room (waived if admitted)	$75 copay	$75 copay	$75 copay	$75 copay
Urgent Care	$20 copay	$20 copay	$20 copay	$35 copay ($20 in Colorado)

This comparison chart provides summary information on four of the medical plan options. For additional information on all plans, view each plan's Summary of Benefits and Coverage on the Aerospace Benefits Service Center portal by clicking on "Plan Documents" under "Frequently Used Resources."

[1] *Include additional $10 copay for non-Diamond providers.*

Medical Plans at a Glance (continued)

Prescription Drugs

	All Locations				Outside California	California Only		Washington, D.C. Area / Colorado
	Anthem PPO		Anthem Basic CDHP	Anthem Premium CDHP	Anthem EPO	Kaiser Permanente California HMO	Anthem California HMO	Kaiser Permanente HMO
Providers	Express Scripts	Out-of-Network	Express Scripts	Express Scripts	Express Scripts	Kaiser	Anthem	Kaiser
Rx Deductible	$200 brand drugs		Medical deductible applies	Medical deductible applies	None	None	None	None
Rx Out-of-Pocket Maximum	$3,600 individual $7,200 family		Medical OOP max applies	Medical OOP max applies	$3,600 individual $7,200 family	None	$3,600 individual $7,200 family	None
Retail (30 days)								
▪ Generic	$10 copay	$10 copay + 50%	$10 copay	$10 copay	$10 copay	$10 copay	$10 copay	$10 Kaiser pharmacy/ $20 community pharmacy[3]
▪ Brand Formulary	20% copay ($30 min/$60 max)	20% copay ($30 min/$60 max) + 50%	30% copay ($30 min/$60 max)	20% copay ($30 min/$60 max)	20% copay ($30 min/$60 max)	$25 copay	20% copay ($30 min/$60 max)	$30 Kaiser pharmacy/ $50 community pharmacy[3]
▪ Brand Non-Formulary	50% copay ($60 min/$120 max)	50% copay ($60 min/$120 max) + 50%	50% copay ($60 min/$120 max)	50% copay ($60 min/$120 max)	50% copay ($60 min/$120 max)	$25 copay[1]	50% copay ($60 min/$120 max)	$60 Kaiser pharmacy/ $80 community pharmacy[3]
▪ Injectable Specialty	20% copay ($100 max)	20% copay ($100 max) + 50%[2]	30% copay ($100 max)	20% copay ($100 max)	20% copay ($100 max)	$25 copay[1]	20% copay ($100 max)	Same copay by drug category above[3]
Mail Order (90 days)[4]								
▪ Generic	$20 copay	Not covered	$20 copay	$20 copay	$20 copay	$20 copay	$20 copay	$10 copay[3]
▪ Brand Formulary	20% copay ($60 min/$120 max)		30% ($60 min/$120 max)	20% ($60 min/$120 max)	20% copay ($60 min/$120 max)	$50 copay	20% copay ($60 min/$120 max)	$30 copay[3]
▪ Brand Non-Formulary	50% ($120 min/$240 max)		50% ($120 min/$240 max)	50% ($120 min/$240 max)	50% ($120 min/$240 max)	$50 copay[1]	50% ($120 min/$240 max)	$60 copay[3]
▪ Injectable Specialty (Up to 30-day supply)	20% copay ($100 max)		30% copay ($100 max)	20% copay ($100 max)	20% copay ($100 max)	$50 copay (up to 100 day supply)[1]	20% copay ($100 max)	Same copay by drug category above[3]

[1] *Subject to plan approval.*
[2] *Percentage applied to the usual and customary charge as determined by ExpressScripts.*
[3] *In Colorado, the retail benefit is available at Kaiser pharmacies only; brand non-formulary drugs are not covered for retail or mail order. Mail order copays are $20 (generic) and $60 (brand formulary). For injectable specialty drugs there is a 20% copay up to a $250 maximum.*
[4] *Anthem participants who are taking long-term or maintenance medication are required to use the Smart90 program starting with their second refill. This program gives you the choice of refilling 90-day prescriptions by mail or at a Walgreens or CVS store.*

COORDINATION OF BENEFITS

When two or more plans cover the same individual, each plan coordinates benefit payments with the other plan or plans to determine the maximum benefit payable. If you plan to enroll in more than one health plan, please review the coordination of benefits rules for your Aerospace health plan. Note that your benefit from the Aerospace plan may be reduced if you are also covered by another plan. Each plan's coordination of benefit rules can be found in the individual Evidence of Coverage (EOC) for that plan. The EOCs for each plan can be found on the Aerospace Benefits homepage under the "SPDs and Annual Notices" tab.

PRESCRIPTION DRUG COVERAGE

PPO, EPO and CDHP

Express Scripts, Inc., provides prescription coverage for Anthem PPO, EPO and CDHP subscribers. For more information about your prescription drugs, please visit **www.express-scripts.com/aerospace** or call Express Scripts directly at 855.778.1413.

HMO Plans

If you participate in an HMO, prescription drug benefits are provided by your HMO.

Coverage Authorization

Due to increased use of GLP-1 medications like Wegovy, prior authorization is now required for coverage. You can complete the authorization process through the mobile app.

REQUIRED PRECERTIFICATION FOR HOSPITAL STAYS

PPO Plan and CDHP

When you use a BlueCard® network doctor, they will call Anthem for hospital precertification. If you use a doctor outside the BlueCard® network and your doctor recommends surgery or hospitalization, those medical services must be authorized by Anthem Medical Management Services to receive full plan benefits. If you do not obtain hospital precertification, your benefits will be reduced by 30 percent of the amount that otherwise would be payable. Call Anthem's Utilization Services toll-free at 866.470.6244, Monday through Friday, 8 a.m. – 5:30 p.m. PT.

EPO Plan

Precertification is required for certain services. No benefits are payable if you use a provider that is not in the network.

HMO Plans

Your primary care physician will coordinate all your care, including hospitalization.

TOTAL HEALTH TOTAL YOU

PPO, EPO and CDHP

Anthem members have access to the Total Health Total You (THTY) Select program that helps patients with complex conditions navigate the world of healthcare. Using a combination of clinical experts and app-based resources, THTY Select helps patients identify and implement a personalized plan to improve their health. If you are identified as someone who may benefit from this program, Anthem will contact you directly to participate. There is no additional cost for you to participate in this program.

LIVEHEALTH ONLINE

PPO, EPO and CDHP

Anthem's LiveHealth Online provides you and your dependents access to video visits from home with a board-certified doctor via your smartphone, tablet or computer. When using LiveHealth Online, you can have a licensed doctor consult on conditions such as colds, fevers, allergies, sinus infections, the flu, pinkeye or other common health conditions. They can also call in prescriptions to your local pharmacy.

You can meet online with a licensed therapist (based on therapist availability) for help with anxiety, depression, grief, panic attacks and more. Appointments are scheduled online or over the phone. Visit **livehealthonline.com**, download the mobile app to register or call customer service at 888.548.3432 anytime; representatives are available 24/7.

There is no cost for medical visits for Anthem PPO and EPO members using LiveHealth Online. CDHP members will be charged $49 before the deductible is met and coinsurance after it's met.

A 45-minute therapy session costs $49 for all members.

SAVE MORE WITH ANTHEM DIAMOND PREFERRED PROVIDERS

Anthem's Diamond Providers are healthcare providers that meet high standards of care including quality, patient experience, overall better health and lower costs. If you enroll in an Anthem PPO or EPO plan, choosing an Anthem Diamond Preferred Provider can help you receive high-quality care while paying the lowest available copays under the plan. These providers are recognized by Anthem for delivering high-quality care and offer lower copays than non-Diamond Preferred providers. Beginning January 1, 2027, visits to non-Diamond Preferred Primary Care Physicians (PCP) will cost $10 more per visit. Find a Diamond Provider near you by selecting "Anthem Diamond Provider" under Key Filters in Find Care on the Anthem site, or through your Sydney Health App.

KAISER TELEPHONE APPOINTMENT AND MY HEALTH MANAGER

Kaiser HMO members can meet with a doctor over the phone regarding minor health concerns that may not require an in-person visit. This includes allergies, colds, upper respiratory infections and more.

Sign in to **kp.org** or call your local Kaiser Permanente Member Services to request information or make an appointment. A Kaiser Permanente doctor will call you back within an hour. You can also access the My Health Manager from your smartphone or mobile device to email your doctor's office, view most test results, schedule or cancel routine appointments, refill most prescriptions, view past visits and more.

Explore Your Kaiser Member Site

Discover your plan options and exclusive member perks all in one place. Access enrollment resources and educational videos online, while managing your care in one place.

To get started, visit
https://choose.kaiserpermanente.org/aerospace/members-page



Bright Horizons Benefits Your Family

When you have work, family and personal responsibilities competing for your time, there is no need to stress. Instead, rely on Bright Horizons®. Programs include back-up childcare, adult care and eldercare, discounts on full-time childcare and access to additional family support, including a comprehensive database of qualified nannies, sitters, elder caregivers, pet sitters, housekeepers and more.

To access care:

Go Online: https://clients.brighthorizons.com/aerospace

Employer Username: Aerospace

Password: Benefits4You

Download the App: Search "back-up care" in the App Store or Google Play

Questions? Call 877.BH.CARES (877.242.2737)

Dental

YOUR DENTAL OPTIONS

Aerospace offers you and your family dental coverage through one of three plans:

- Delta Dental Basic DPPO
- Delta Dental Premium DPPO
- Delta Dental DHMO

Check out the Delta Dental "Find a Dentist" tool at **deltadental.com** to search for in-network dentists in your area; you will need to know which network(s) your plan includes. Find out which network you have by signing in or registering for an account. You can also search by dentist, practice name, specialty, languages spoken, gender, office hours and which dentists are accepting new patients.

Plan Feature	Delta Dental Basic DPPO	Delta Dental Premium DPPO	Delta Dental DHMO
Providers	Any provider, but a participating Delta dentist will not balance bill	Any provider, but a participating Delta dentist will not balance bill	Participating providers only
Annual Deductible	$25 individual/$75 family No deductible if you use PPO provider	$25 individual/$75 family No deductible if you use PPO provider	None
Annual Benefit Maximum	$1,000 per person	$2,000 per person	None
Diagnostic and Preventive[1]	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services	Plan pays 80%	Plan pays 80%	Copays apply
Major Services	Plan pays 40%	Plan pays 50%	Copays apply Bridges and implants not covered
Orthodontia	Not covered	Dependent children only 50% up to $2,000 lifetime maximum	Children and adults Copays apply

[1] *Diagnostic and preventive services do not count toward the annual maximum*

Delta Dental Basic and Premium DPPO Plans

You may use the services of any dentist; however, you are encouraged to use participating Delta dentists because they have agreed to Delta's determination of fees. If you use a non-Delta Dental provider, you must pay the difference between their charge and the plan's allowable amount.

Within the Delta Dental DPPO plan, there are two networks of dentists: the DPPO network and the Premier network. Since Delta has lower pre-negotiated rates with dentists under the DPPO network, you pay lower fees compared to those in the Premier network. The $25 annual deductible (per person) is also waived when using a DPPO network dentist.

Please note: Married employees or domestic partners who are both employed by Aerospace can each cover their spouse/partner as a dependent; dependent children may be enrolled under both employees' policies. This dual coverage can reduce or eliminate your out-of-pocket expenses for dental benefits.

Delta Dental DHMO

When you enroll in the Delta Dental DHMO, you must choose a primary care dentist from the DeltaCare USA network and use the plan's participating dentists for services to be covered. Under the plan, many services are covered at 100 percent, with no annual deductible; other services will require a copayment. To view a list of copayments, visit the Aerospace Benefits Service Center portal.



You may call 888.DELTA CS (888.335.8227) to inquire if your current dentist is a DPPO or Premier provider or visit **www.deltadentalins.com**. If your dentist is in both networks, you will pay the DPPO network level.

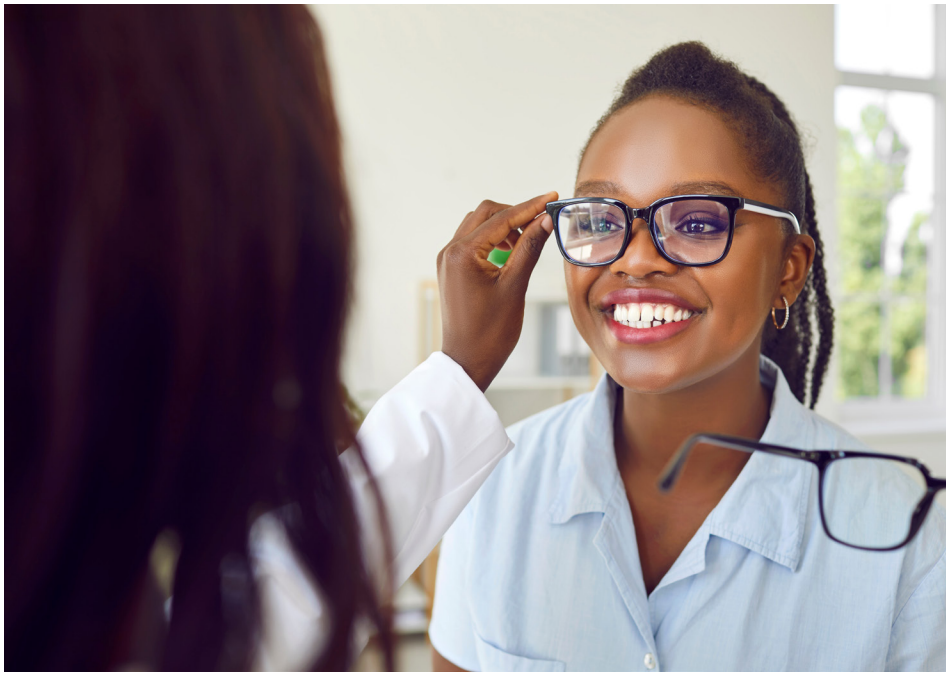
Vision

Vision care services are provided by Vision Service Plan (VSP), a nationwide network of more than 17,000 optometrists and other eye care providers. You have two vision choices: Basic and Premium.

You will receive the highest benefits from the plan when you use the services of a VSP provider, but you may also use any vision care provider. If you use a non-VSP provider, you will need to submit copies of your receipts directly to VSP for reimbursement.

If you are enrolled in an HMO to cover your medical needs, check what vision care coverage is included within your HMO coverage. There may be some duplication of coverage if you enroll in this VSP plan.

Select your eye doctor and make an appointment identifying yourself as a VSP member. The doctor's office will verify your eligibility directly with VSP and confirm your appointment. A list of eligible doctors is available at **vsp.com**. You may also ask the doctor's office if they are a VSP provider.



Plan Feature	Basic Plan: VSP Provider	Premium Plan: VSP Provider	Basic and Premium: Non-VSP Provider
Annual Deductible	$25 per person	$25 per person	$25 per person
Eye Exam Every 12 months	Plan pays 100%	Plan pays 100%	Plan pays up to $50
Eyeglass Lenses Every 12 Months			
Single Vision	Plan pays 100%	Plan pays 100%	Plan pays up to $50
Bifocal Lenses	Plan pays 100%	Plan pays 100%	Plan pays up to $75
Trifocal Lenses	Plan pays 100%	Plan pays 100%	Plan pays up to $100
Lenticular Lenses	Plan pays 100%	Plan pays 100%	Plan pays up to $125
Progressive Lenses	$80 – $160 copay	$80 – $160 copay	Plan pays up to $75
Eyeglass Frames	Every 24 months* $120 allowance ($140 for featured name brands) 20% savings on amount over allowance	Every 12 months: $150 allowance ($170 for featured name brands) 20% savings on amount over allowance	Every 24 months* Plan pays up to $70
Contact Lenses (In Lieu of Glasses)			
If Medically Necessary	Plan pays 100%	Plan pays 100%	Plan pays up to $210 annual allowance
If Elective	Plan pays up to $120 annual allowance	Plan pays up to $150 annual allowance	Plan pays up to $105 annual allowance
Easy Options Choice of One Upgrade per Member	Not available	▪ $250 frame allowance ▪ $200 contact lens allowance ▪ Anti-reflective coating ▪ Photochromatics ▪ Progressives	Not available

** Within 12 months after obtaining contact lenses*

Contact VSP with questions:

800.877.7195

www.vsp.com

Flexible Spending Accounts

Flexible Spending Accounts (FSA) allow you to set aside pre-tax dollars to pay for eligible healthcare and dependent care expenses. It is like getting an automatic discount.

Aerospace offers two FSAs administered by HSA Bank:

- Traditional Healthcare FSA available only to those not enrolled in the CDHP with an HSA.
- Dependent Care FSA reimburses you for dependent care expenses (such as daycare).

During enrollment, you decide how much you want to contribute to your account. You may contribute up to $3,400 to the Healthcare FSA and/or up to $7,500 per year to the Dependent Care FSA (up to $3,750 if you are married and file separate tax returns). You cannot change your contribution amounts during the plan year unless you have a special enrollment or a change in status (see page 9).



Claiming Benefits

When you have eligible expenses, you submit a claim for reimbursement. Here are a few tips on claims:

- The Healthcare FSA and Dependent Care FSA function separately. This means you cannot use healthcare funds to pay dependent care expenses and vice versa.
- Be sure to keep receipts for all expenses; you may need them to verify your expenses are eligible for reimbursement. For a complete list of eligible expenses, visit **irs.gov** or **hsabank.com/IRSQualifiedExpenses**.
- Healthcare expenses are reimbursed up to the total amount of contributions elected for the calendar year, while dependent care expenses are reimbursed up to the total amount available in your account on the date your claim is processed.
- When you enroll, HSA Bank will send you an HSA Bank Health Benefits debit card to use when you make purchases for qualified expenses (such as at a doctor's office or pharmacy).
- If you incur an expense and you do not use your debit card, you can submit claims online at the HSA Bank website. Information on how to access your HSA Bank account will be provided in December.
- For the 2027 plan year, you may incur expenses through March 15, 2028. All claims must be received by HSA Bank by April 30, 2028. Please note: If you terminate employment, you may only submit claims for eligible expenses incurred while employed.
- Your FSA elections do not carry forward from one year to the next. Also, you forfeit any balance remaining in your account after the deadline.

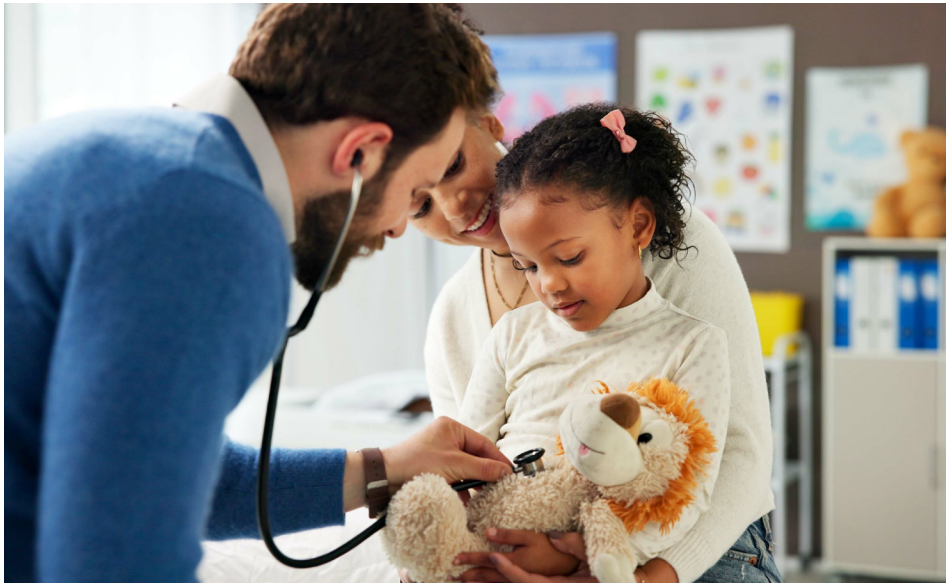
HEALTHCARE FSA

The Healthcare FSA gives you a tax savings benefit on many healthcare expenses that are not covered by other plans. By anticipating your expenses and arranging for deductions to be made from your paycheck on a pre-tax basis, you can lower your tax bill.

When you incur an eligible expense, you may either use your HSA Bank debit card, file a claim for reimbursement online or submit a paper form. Regardless of the method you use, you should always keep your receipt, which should include the following:

- Name and address of the service provider.
- Name of the person receiving the service.
- Date of service.
- Description of the service obtained or product purchased and the amount charged.

If you use your HSA Bank debit card, HSA Bank may request you to "substantiate" or provide supporting documentation, such as an Explanation of Benefits (EOB), for that expense. If you do not provide HSA Bank with substantiation, your card will be deactivated and you will be taxed on the unsubstantiated amount.



Eligible Healthcare Expenses

Below is a partial list of common expenses eligible for reimbursement through the Healthcare FSA. (This does not apply to the LPFSA, which only covers eligible dental and vision expenses.) You may use the Healthcare FSA for yourself and your eligible dependents, as defined under Internal Revenue Code Section 152. To be eligible for reimbursement, the expense cannot be covered by other insurance.

If you have questions about eligible expenses, please visit **irs.gov** or **hsabank.com/IRSQualifiedExpenses**.

Medical Expenses	Dental Expenses	Vision Care Expenses	Hearing Care Expenses
▪ Acupuncture ▪ Chiropractor fees ▪ Laboratory fees ▪ Medical charges over the maximum reimbursable charge ▪ Medical deductibles, copays and coinsurance ▪ Over-the-counter medication if prescribed by a physician (insulin does not require a prescription) ▪ Prescription drugs ▪ Vaccinations and immunizations ▪ X-ray fees	▪ Artificial teeth ▪ Cosmetic surgery (only if required to treat an illness, injury or disfiguring disease) ▪ Orthodontia expenses not covered by a dental insurance plan ▪ Routine examinations not covered by a dental insurance plan	▪ Contact lenses ▪ Contact lens solutions and cleaners ▪ Eye examinations ▪ Frames ▪ Lenses ▪ LASIK eye surgery ▪ Optometrist charges ▪ Prescription eyeglasses	▪ Ear examinations ▪ Hearing aids ▪ Special telephone for the hearing impaired

USING YOUR HEALTHCARE DOLLARS

There are several ways to take advantage of tax savings accounts

If you are enrolled in:	You can take advantage of these tax savings accounts:				
ANTHEM PPO/EPO/HMO KAISER TRICARE	Healthcare FSA ▪ Medical ▪ Dental ▪ Vision	and/ or	Dependent Care FSA ▪ Dependent Care		
ANTHEM BASIC CDHP ANTHEM PREMIUM CDHP	HSA ▪ Medical ▪ Dental ▪ Vision	and/ or	LPFSA ▪ Dental ▪ Vision	and/ or	Dependent Care FSA ▪ Dependent Care
NOT ENROLLED IN AEROSPACE MEDICAL PLAN	Healthcare FSA ▪ Medical ▪ Dental ▪ Vision	and/ or	Dependent Care FSA ▪ Dependent Care		

Legend

PPO: Preferred Provider Organization
EPO: Exclusive Provider Organization
HMO: Health Maintenance Organization
CDHP: Consumer-Driven Health Plan
FSA: Flexible Spending Accounts
HSA: Health Savings Account
LPFSA: Limited Purpose Flexible Spending Account

DEPENDENT CARE FSA

The Dependent Care FSA is a tax-effective way to pay for childcare or other dependent care services if:

- You and your spouse work outside the home (this is also true if your spouse is actively looking for work).
- You work outside the home and your spouse is a full-time student at least five months of the year.
- You work outside the home and your spouse is incapable of self-care.

If you wish to participate, you must enroll each plan year as contribution amounts are not carried forward from one plan year to the next. You can set aside up to $7,500 each year on a pre-tax basis to cover dependent care expenses for your child(ren) under age 13 or a dependent who is not physically or mentally able to care for themself. The amount you contribute to this account cannot be greater than your income or your spouse's income, whichever is less. If your spouse contributes to a Dependent Care FSA through their employer, your combined contributions may not exceed $7,500. If you are married and file separate tax returns, you can each contribute up to $3,750 per year.

To receive reimbursement from your Dependent Care FSA, you will need to file a claim form. You are required to provide the name, address and tax identification or Social Security number of the service provider on the claim form. You will be reimbursed for the amount of your claim provided the balance of your account is equal to or more than the amount of your claim and the services have already been provided. If you do not have enough money in your account to cover the expense, you will receive the additional reimbursement when enough money has been deducted from your paycheck and deposited into your Dependent Care FSA.

Note: You will also receive a debit card that can be used to pay for eligible dependent care expenses.



Dependent Care Expenses

You can use the Dependent Care FSA funds for:

- Dependent care at nursery schools, day camps and licensed daycare centers. The daycare center must comply with state and local laws and receive a fee for its services. The portion of schooling expenses that is strictly care-related may be eligible; tuition expenses for education are not.
- Services from individuals who provide daycare in your home, except when the provider is the parent of the child, your dependent or your child under age 19.
- Daycare centers that provide non-residential daycare for dependent adults.
- Household services related to the care of an eligible dependent.
- FICA and other taxes you pay on behalf of the daycare provider.
- Generally, any other expense that qualifies as dependent care under IRS regulations.

Life Insurance

BASIC COVERAGE – COMPANY PAID

The company pays the full cost of:

- **Basic Life Insurance** of one times your annual salary, up to a maximum of $200,000. All regular employees are eligible for this plan (regular part-time employees receive 50 percent of this amount).



OPTIONAL COVERAGE – EMPLOYEE PAID

You may purchase the following employee-paid life insurance coverage:

- **Employee Optional Life Insurance** from 1-8 times your annual salary to a maximum of $2,000,000. Coverage amounts over $500,000 require evidence of insurability. Note that coverage is reduced 40 percent from age 70–74, 60 percent from age 75–79 and 70 percent at age 80 and older. Your reduced benefit will be calculated based on your annual salary as of September 30 each year.
- **Spouse or Legally Registered Domestic Partner Life Insurance** in $25,000 increments up to a maximum of $250,000. Note that coverage is reduced 40 percent ages 70–74, 60 percent ages 75–79 and 70 percent at age 80 and older. You must elect employee optional life insurance of at least one times your salary to elect this coverage. The amount of spouse/domestic partner optional coverage may not exceed 100 percent of the combined basic and optional amount of life insurance for the employee.
- **Child(ren) Life Insurance** in $5,000 increments up to a maximum of $25,000 per child. If you enroll dependent children, you must elect employee optional life insurance of at least one times your salary. Children must be less than 26 years old.

If you do not elect optional coverage during your initial eligibility period as a newly hired employee, evidence of insurability will be required for any coverage requested later.

Eligible employees and their dependents who work at Aerospace can be enrolled in Employee-paid Optional Life Insurance as an employee or a dependent, but not both. Also, children can only be covered by one Aerospace employee.

Accident Insurance

VOLUNTARY PERSONAL ACCIDENT INSURANCE

This plan offers full, 24-hour, 365-day protection against accidental death and dismemberment anywhere in the world, on or off the job, except as otherwise excluded or limited by the insurance policy. This coverage is offered through a third-party insurer and covers:

- All regular and temporary Aerospace employees who work at least 20 hours a week.
- Legally married spouse or registered domestic partner.
- Unmarried children under age 19.
- Unmarried children under age 26, if attending school full-time.

Eligible employees and their dependents who work at Aerospace can be enrolled in Voluntary Personal Accident (VPA) insurance as an employee or a dependent, but not both. Also, children can only be covered by one Aerospace employee.

You can select an amount of coverage for yourself in increments of $10,000 up to $600,000, if any amount you choose over $300,000 is not more than 10 times your basic annual earnings. You can also cover your spouse or legally registered domestic partner and each of your dependent children. The maximum coverages available are $600,000 for your spouse and $50,000 for each child.

The coverage amount for dependents will be a percentage of your coverage amount, as follows:

Plan Selected	Spouse/DP Benefit (% of Employee Benefit)	Child(ren) Benefit (% of Employee Benefit)
Spouse/Domestic Partner Only	100%	No coverage
Dependent Child(ren) Only	No coverage	15%
Spouse/DP and Dependent Child(ren)	80%	15%

Coverage amounts decrease at age 70 as shown in the next table.

Decreased Coverage Beginning at Age 70	
Attained Age	**Benefit Amount**
70–74	65% of the full amount
75–79	45% of the full amount
80–84	30% of the full amount
85 and older	15% of the full amount

OCCUPATIONAL ACCIDENT INSURANCE

The company pays the full cost of this plan, which offers protection against accidental death and dismemberment anywhere in the world, while on or off Aerospace premises performing the usual and customary duties of your regular occupation or while traveling for official Aerospace business. All employees are eligible for this plan. Coverage is equal to 4 times your annual salary up to a maximum of $400,000 (part-time employees and casual employees receive 50 percent of this amount). This means that your beneficiary would receive this amount in the event of your accidental death. This coverage is offered through a third-party insurer.

The plan includes:

- **Commutation Coverage:** Coverage for injuries suffered while commuting directly to or from your home and place of regular employment. Coverage begins when you leave your home or place of work and ends when you arrive at your home or place of work. Except for events beyond your control, excluded injuries are those arising out of or during any deviation from your normal route for personal reasons. The maximum amount payable under this coverage will be $50,000.
- **Travel Assistance Plan:** A comprehensive travel assistance program that offers you benefits and services when traveling 100 miles or more from your principal residence. Coverage includes medical evacuation, hospital visit and repatriation.

Disability Coverage

SHORT-TERM DISABILITY COVERAGE

Short-term Disability (STD) plans provide income replacement to employees who are unable to work for extended periods of time for medical reasons.

- **2026 California State Disability Insurance (SDI):** The weekly benefit is 70 percent of weekly salary up to a maximum of $1,765 per week for up to 52 weeks. This coverage is offered through the state.
- **2026 Non-California Short-term Disability Insurance (STD):** For employees in states other than California, provides 70 percent of weekly benefit up to $1,681 per week for up to 52 weeks. This coverage is offered through a third-party insurer.

STD benefits are paid to employees through a combination of company-provided supplemental sick leave pay and either SDI for employees in California or group disability insurance which is made available to employees outside California during the company's annual Open Enrollment period. The company-provided supplemental sick leave pay is added to the STD insurance benefit to provide disabled employees with 90 percent of gross salary for the first three months of leave, and 80 percent thereafter through six months of leave. For additional information, please see Policy P-21 Leaves.

GROUP LONG-TERM DISABILITY PLAN

The Group Long-term Disability (LTD) Plan provides a regular monthly income after six months (180 days) of total disability. If you work full time and are not receiving other income benefits, the amount of your monthly LTD benefit is equal to 60 percent of your monthly rate of basic earnings, up to a maximum monthly benefit of $10,000. This coverage is offered through a third-party insurer. You may choose between two plan options, each paying the same benefit:

- **50 Percent Employee Paid:** You pay half the cost of the LTD coverage and the company pays the other half. Under current IRS rules, 50 percent of the LTD benefits you receive would be considered taxable income.
- **100 Percent Employee Paid:** You pay the full cost of the LTD coverage. Under current IRS rules, the full amount of LTD benefits you receive would be considered non-taxable income.

LTD benefits are payable monthly beginning 180 days after the disability begins. Benefits are payable during the disability, provided you are under the regular care of a physician and approved by the LTD carrier.

Exclusions

Please note that LTD benefits are not payable:

- For a disability beginning within 24 months of your enrollment in LTD coverage that is caused by, or substantially contributed to, a pre-existing condition. You are considered to have a pre-existing condition if you received medical treatment, care or services for a diagnosed condition or took prescribed medication for a diagnosed condition in the 12 months immediately prior to the date your LTD coverage begins. You are also considered to have a pre-existing condition if you experienced symptoms within 12 months of the date your LTD coverage begins for which a prudent person would usually seek medical diagnosis or treatment.
- For a disability caused by war or act of war, your commission or attempt to commit a felony, your being engaged in an illegal occupation or a disability that is caused or contributed to by an intentionally self-inflicted injury.

SUPPLEMENTAL LONG–TERM DISABILITY COVERAGE

If you elect Group LTD benefits, you may also elect Supplemental LTD coverage and receive a total benefit of 70 percent of your monthly rate of basic earnings, up to a maximum combined monthly benefit of $15,000. Supplemental LTD coverage provides an additional 10 percent benefit in addition to the 60 percent Group LTD Plan benefit described above.

Open enrollment for this coverage begins on August 1 with an effective date of October 1. This coverage is offered through a third-party insurer.

EVIDENCE OF INSURABILITY

If you do not elect STD or LTD coverage during your initial eligibility period as a newly hired employee, evidence of insurability will be required for coverage requested later.

Rates are subject to change.

Employee Assistance Program

The Anthem Employee Assistance Program (EAP) is available to assist you and your household members with issues affecting many families today. This confidential service includes unlimited telephone sessions and five face-to-face counseling sessions per household member, per calendar year, per incident. There are no charges to you for these services.

EAP representatives are available 24 hours a day, 365 days a year to assist you with issues such as:

- Relationship or family problems
- Stress, anxiety and depression
- Childcare/eldercare referrals
- Legal/financial referrals
- Convenience services
- ID theft recovery
- Work-related issues
- Parenting issues
- Trauma, grief and loss
- Smoking cessation
- Alcohol or drug abuse

Visit: **www.AnthemEAP.com**

Company Name: Aerospace

Call toll-free: 877.657.6060

Legal Coverage with ARAG

Need help with everyday legal matters? Enroll in legal coverage through the ARAG network, giving you access to experienced attorneys for a wide range of issues—from wills and estate planning to traffic tickets, debt-related representation, landlord/tenant disputes, real estate concerns, consumer protection and more.

You will also receive discounts on more complex legal services.

Visit: **https://ARAGlegal.com/myinfo**

Access Code: 18703tac

Pet Insurance Plan

Aerospace offers My Pet Protection® from Nationwide to help you provide your pets with the best care possible by reimbursing you for vet bills. New enrollees can choose from two coverage levels — 50 percent or 70 percent reimbursement on your pet's care* — after you meet a $250 annual deductible per pet. The plan pays up to $7,500 in benefits each year.

Once enrolled, all plans will renew automatically each year. The renewal period starts 60 days before the policy's current 12-month term expires. Your policy's effective date and expiration date can be found on the Declarations Page which is included with the policy packet mailed to you at each new term. All currently enrolled pets will be grandfathered into their existing plan upon renewal.

You are free to use any vet and will get additional benefits for emergency boarding, lost pet advertising and more. Plus, Nationwide's 24/7 VetHelpline® is available as a free service to all pet insurance members.

To get a fast, no-obligation quote, contact Nationwide online at **PetsNationwide.com** or call 877.738.7874.

**Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.*



2027 Weekly Contribution Rates

MEDICAL PLAN WEEKLY CONTRIBUTIONS

Plan	Coverage Category	Your Weekly Cost	Aerospace Pays	Total Cost
Anthem PPO Plan All states	Employee Only Employee + spouse/DP Employee + child(ren) Employee + spouse/DP and child(ren)	$68.36 $150.40 $123.06 $211.93	$205.54 $451.65 $369.61 $636.23	$273.90 $602.05 $492.67 $848.16
Anthem Basic CDHP All states	Employee Only Employee + spouse/DP Employee + child(ren) Employee + spouse/DP and child(ren)	$48.46 $106.62 $87.23 $150.24	$172.28 $378.47 $309.74 $533.11	$220.74 $485.09 $396.97 $683.35
Anthem Premium CDHP All states	Employee Only Employee + spouse/DP Employee + child(ren) Employee + spouse/DP and child(ren)	$55.37 $120.85 $100.64 $166.34	$196.77 $428.93 $357.25 $590.21	$252.14 $549.78 $457.89 $756.55
Anthem EPO Plan All states except California	Employee Only Employee + spouse/DP Employee + child(ren) Employee + spouse/DP and child(ren)	$64.34 $141.54 $115.80 $199.45	$204.18 $448.67 $367.17 $632.03	$268.52 $590.21 $482.97 $831.48
Anthem California HMO	Employee Only Employee + spouse/DP Employee + child(ren) Employee + spouse/DP and child(ren)	$64.34 $141.54 $115.80 $199.45	$204.18 $448.67 $367.17 $632.03	$268.52 $590.21 $482.97 $831.48
Kaiser Permanente California, Colorado, Washington, D.C. Area	Employee Only Employee + spouse/DP Employee + child(ren) Employee + spouse/DP and child(ren)	$47.81 $105.18 $86.05 $148.20	$151.84 $333.51 $272.96 $469.77	$199.65 $438.69 $359.01 $617.97
Selman & Company/ASI TRICARE Supplement	Employee Only Employee + spouse/DP Employee + child(ren) Employee + spouse/DP and child(ren)	$16.03 $31.03 $31.03 $41.64	$0 $0 $0 $0	$16.03 $31.03 $31.03 $41.64



Your contributions are made on a pre-tax basis. If you enroll a domestic partner (DP), contributions for their coverage or your partner's dependents' coverage are taken on an after-tax basis. The company's contribution toward their coverage may be included in your taxable income for the year.



DENTAL PLAN WEEKLY CONTRIBUTIONS

Your contributions are on a pre-tax basis.*

Plan	Coverage Category	Your Weekly Cost	Aerospace Pays	Total Cost
Delta Dental Basic DPPO	Employee Only	$3.24	$6.03	$9.27
	Employee + spouse/DP	$6.49	$12.05	$18.54
	Employee + child(ren)	$7.46	$13.86	$21.32
	Employee + spouse/DP and child(ren)	$10.71	$19.89	$30.60
Delta Dental Premium DPPO	Employee Only	$4.55	$8.45	$13.00
	Employee + spouse/DP	$9.10	$16.89	$25.99
	Employee + child(ren)	$10.46	$19.43	$29.89
	Employee + spouse/DP and child(ren)	$15.01	$27.88	$42.89
Delta Dental DHMO	Employee Only	$1.53	$2.83	$4.36
	Employee + spouse/DP	$3.05	$5.67	$8.72
	Employee + child(ren)	$3.59	$6.66	$10.25
	Employee + spouse/DP and child(ren)	$5.58	$10.36	$15.94

VISION PLAN WEEKLY CONTRIBUTIONS

Your contributions are on a pre-tax basis.*

Plan	Coverage Category	Your Weekly Cost	Aerospace Pays	Total Cost
Basic Vision Care Plan All states	Employee Only	$2.18	$0.00	$2.18
	Employee + spouse/DP	$3.18	$0.00	$3.18
	Employee + child(ren)	$3.75	$0.00	$3.75
	Employee + spouse/DP and child(ren)	$5.99	$0.00	$5.99
Premium Vision Care Plan All states	Employee Only	$3.83	$0.00	$3.83
	Employee + spouse/DP	$5.60	$0.00	$5.60
	Employee + child(ren)	$6.59	$0.00	$6.59
	Employee + spouse/DP and child(ren)	$10.53	$0.00	$10.53

** If you enroll a domestic partner (DP), contributions for their coverage or your partner's dependents' coverage are taken on an after-tax basis. The company's contribution toward their coverage may be included in your taxable income for the year.*

EMPLOYEE PAID OPTIONAL LIFE INSURANCE WEEKLY CONTRIBUTIONS*

Employee Optional Life Insurance	
Employee Age	**Weekly Cost per $1,000 of Coverage***
Under age 35	$0.007
35-39	$0.009
40-44	$0.010
45-49	$0.019
50-54	$0.030
55-59	$0.042
60-64	$0.069
65-69	$0.124
Age 70 and older	$0.260

** You may choose coverage from 1x to 8x your annual salary, up to $2,000,000.*

Example: A 45 year-old employee elects 1x annual salary at $95,000 of coverage. The weekly cost is $95,000/$1,000 x $0.019 = $1.80 per week.

Spouse/Domestic Partner** Life Insurance	
Spouse/Domestic Partner Age	**Weekly Cost per $1,000 of Coverage**
Under age 25	$0.009
25-29	$0.011
30-34	$0.015
35-39	$0.016
40-44	$0.018
45-49	$0.027
50-54	$0.042
55-59	$0.078
60-64	$0.119
65-69	$0.230
Age 70 and older	$0.372

** Coverage amount is rounded to the nearest $1,000. Coverage is available in increments of $25,000 up to $250,000.*
*** Legally registered*

Example: An employee elects $50,000 of coverage for his 40-year-old spouse. The weekly cost is $50,000/$1,000 X $0.018 = $0.90 per week

CHILD(REN) LIFE INSURANCE

The weekly cost for Child(ren) Life Insurance is $0.122 per $5,000 of benefit, regardless of the number of children. Coverage is available in increments of $5,000 up to $25,000.

VOLUNTARY PERSONAL ACCIDENT PLAN WEEKLY CONTRIBUTIONS

As noted earlier, you can select an amount of coverage for yourself in increments of $10,000 up to $600,000, if any amount you choose over $300,000 is not more than 10 times your basic annual earnings. The chart below shows a sampling of coverage amounts for reference.

Principal Sum (sample coverage amounts)		Both Spouse/Domestic Partner and Children		Your Weekly Cost	
Employee	**Spouse/ Domestic Partner***	**Spouse/ Domestic Partner***	**Each Child**	**Employee Only**	**Employee and Dependents**
$10,000	$10,000	$8,000	$1,500	$0.05	$0.10
$50,000	$50,000	$40,000	$7,500	$0.25	$0.50
$100,000	$100,000	$80,000	$15,000	$0.50	$1.00
$200,000	$200,000	$160,000	$30,000	$1.00	$2.00
$300,000	$300,000	$240,000	$45,000	$1.50	$3.00
$400,000	$400,000	$320,000	$50,000	$2.00	$4.00
$500,000	$500,000	$400,000	$50,000	$2.50	$5.00
$600,000	$600,000	$480,000	$50,000	$3.00	$6.00

** Legally registered*

DISABILITY PLANS WEEKLY CONTRIBUTIONS

Short-term Disability (STD) Insurance

California State Disability Insurance (SDI): The 2026 payroll deduction is 1.2 percent of the taxable wage base. The 2026 maximum benefit is $1,681 per week.

Example: If you earn $100,000 per year, your weekly cost would be $21.15 ($100,000 divided by 52 multiplied by 0.012).

Non-California SDI: The 2026 weekly payroll deduction is $0.0819 per $10 of your weekly benefit up to the maximum benefit of $1,681 per week.

Example: To determine your cost, we need to calculate your weekly benefit. It is equal to 70 percent of your weekly earnings up to a maximum of $1,681 per week. If you earn $100,000 per year, your weekly benefit would be $1,346.15 ($100,000 divided by 52 multiplied by 0.70). Your weekly cost would be $11.03 ($1,346.15 divided by $10 multiplied by $0.0819).

Group Long-term Disability (LTD) Plan

50 Percent Employee Paid

- You pay half of the cost of coverage; 50 percent of the benefit is not taxable.
- Your weekly cost is $0.15 for each $100 of weekly salary.

Example: If you earn $100,000 per year, your weekly cost would be $2.88 ($100,000 divided by 52 x $0.15/$100).

100 Percent Employee Paid

- You pay the full cost of coverage; benefits are not taxable.
- Your weekly cost is $0.30 for each $100 of weekly salary.

Example: If you earn $100,000 per year, your weekly cost would be $5.77 ($100,000 divided by 52 x $0.30/$100).

Rates are subject to change.



Benefits Contacts

Resource	Website/Email	Telephone
Aerospace Benefits Service Center		
All locations	https://compass.empyreanbenefits.com/aerospace	310.336.7000 (option 3) or 844.361.2400 (toll-free)
Medical Carriers		
Anthem PPO Group #174151	www.anthem.com/ca www.express-scripts.com/aerospace www.accredo.com	Customer Service: 800.756.7274 Hospital Precertification: 866.470.6244 Nurseline: 800.700.9184 (24/7) Pharmacy Services: 855.778.1413 Accredo Specialty Pharmacy: 877.895.9697
Anthem CDHP (Basic and Premium) Nationwide Group #174151	www.anthem.com/ca www.express-scripts.com/aerospace www.accredo.com	Customer Service: 800.756.7274 Hospital Precertification: 866.470.6244 Nurseline: 800.700.9184 (24/7) Pharmacy Services: 855.778.1413 Accredo Specialty Pharmacy: 877.895.9697
Anthem EPO All states except California Group #174151	www.anthem.com/ca www.express-scripts.com/aerospace www.accredo.com	Customer Service: 800.756.7274 Hospital Precertification: 866.470.6244 Nurseline: 800.700.9184 (24/7) Pharmacy Services: 855.778.1413 Accredo Specialty Pharmacy: 877.895.9697
Anthem California HMO Based on zip code availability in California Group #174218	www.anthem.com/ca	Customer Service: 844.855.1950 Nurseline: 800.700.9184 (24/7) Pharmacy Services: 800.756.7274
Kaiser Permanente Based on zip code availability Northern California Group #7698 Southern California Group #100232 Colorado Group #47110 Washington, D.C. Area Group #3283	www.kp.org	Northern and Southern California: 800.464.4000 TTY/hearing and speech impaired: 800.777.1350 Colorado Denver/Boulder: 303.338.3800 Colorado: 800.632.9700 Washington, D.C. Area Metro Area: 301.468.6000 Outside Metro Area: 800.777.7902
Selman & Company/ASI TRICARE Supplement Plan Group #0001835	https://www.selmanco.com/tricare-supplement	800.638.2610 press 1, then 4

Resource	Website/Email	Telephone
Dental Carriers		
Delta Dental of California Group #03510	www.deltadentalins.com	Member Services: 888.335.8227
Vision Carriers		
Vision Service Plan Group #12008869	www.vsp.com imember@vsp.com	Member Services: 800.877.7195
Flexible Spending Account (FSA)		
Anthem Limited Purpose FSA, Anthem HSA	www.anthem.com/ca	Members Services: 800.756.7274
Healthcare and Dependent Care FSA Group #067710	www.hsabank.com/hsabank/members	Client Assistance Center: 800.357.6246
Life Insurance and Disability Carrier		
The Hartford Group #402802	www.thehartfordatwork.com	Customer Service: 800.523.2233
Zurich (VPA and Occupational Accident) Group #8365008	www.zurichna.com	800.382.2150
Employee Assistance Program (EAP) Carrier		
Anthem EAP	www.AnthemEAP.com Company Name: Aerospace	877.657.6060
Other Programs		
Allstate Identity Protection	http://www.myaip.com	800.789.2720 Email: **CustomerCare@aip.com**
ARAG (Legal Services) Group #18703-0001-001	https://www.ARAGlegal.com/myinfo (Access code: 18703tac)	800.247.4184
Bright Horizons (Caregiver Support)	https://clients.brighthorizons.com/aerospace	877.242.2737
Health Advocate	www.healthadvocate.com/aerospacecorp	866.695.8622
Nationwide Pet Insurance	www.PetsNationwide.com	877.738.7874
Progyny Fertility	https://member.progyny.com/login	844.868.6942